

01/06/04

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7590

11/28/2003



Darby & Darby
 805 Third Avenue
 New York, NY 10022-7513

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,450	12/06/2001	Gregory R. Collins	1508/1G350-US1	1697

TITLE OF INVENTION: THERMALLY ENHANCED DIALYSIS/DIAFILTRATION SYSTEM

01/12/2004 FBERHE1 00000020 10009450

01 FC:2501
02 FC:1504665.00 CP
300.00 CP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	03/01/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
KIM, SUN U	1723		210-321600		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Darby & Darby

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Rec. 12/06/01 R/F: 012577/0846

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NEPHROS, INC.

NEW YORK, NEW YORK

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

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 A check in the amount of the fee(s) is enclosed. \$ 965.00 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) (Date) 1/6/04

Edward L. Ellis 40-389

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